

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537927				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CHECKS IN THE MAIL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1877887</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2435 GOODWIN LN</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEW BRAUNFELS, TX 78135</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DANIEL SINGLETON TITLE: CEO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL SINGLETON TITLE: CEO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DANIEL SINGLETON TITLE: CEO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PETER A FERA JR TITLE: EXEC VP/CFO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PETER A FERA JR TITLE: EXEC VP/CFO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER A FERA JR TITLE: EXEC VP/CFO ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DENISE LALOGUE TITLE: VP/CONTROLLER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DENISE LALOGUE TITLE: VP/CONTROLLER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DENISE LALOGUE TITLE: VP/CONTROLLER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JUDY C NORRIS TITLE: SR VP/SEC ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JUDY C NORRIS TITLE: SR VP/SEC ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JUDY C NORRIS TITLE: SR VP/SEC ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PAT M SIMMONS TITLE: VICE PRESIDENT ADDRESS: 1931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAT M SIMMONS TITLE: VICE PRESIDENT ADDRESS: 1931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PAT M SIMMONS TITLE: VICE PRESIDENT ADDRESS: 1931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARTIN H WEXLER TITLE: VP/TREASURER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTIN H WEXLER TITLE: VP/TREASURER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARTIN H WEXLER TITLE: VP/TREASURER ADDRESS: 10931 LAUREATE DR CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	DEBRA W KEENER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/ASST SEC		
ADDRESS:	10931 LAUREATE DR		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249		
NAME:	EDWARD P TAIBI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	35 E 62ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	CHARLES T DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10931 LAUREATE DR		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249		
NAME:	Don Dolan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2435 Goodwin Lane		
CITY/ST/ZIP/CO:	New Braunfels, TX 78135		
NAME:	Michael C Borofsky	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	35 East 62nd Street		
CITY/ST/ZIP/CO:	New York, NY 10065		
NAME:	Adam F Ingber	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 E. 62nd Street		
CITY/ST/ZIP/CO:	New York, NY 10065		
NAME:	Alison M Horowitz	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 East 62nd Street		
CITY/ST/ZIP/CO:	New York, NY 10065		
NAME:	Gary Rozenshteyn	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 East 62nd Street		
CITY/ST/ZIP/CO:	New York, NY 10065		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JUDY C NORRIS	JUDY C NORRIS, SR VP/SEC	8/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			